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THE PSYCHOLOGY OF HABIT

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(Continued from page 506)

In addition to choosing a habit which they really desire, I ask my students also to analyze the habit which they plan to form into terms of situation and response. In other words, they should determine just what is the time or place or state of affairs or condition of things which is invariably to call forth from them the same responding movement. To make this requirement, rules out many such general habits as "observation," "concentration" and the like, the student being at a loss to identify the exact situation. I am not sorry that this is the case for, after all, few persons really have, or should have, habits of observing in general, or of concentrating at all times. What is desirable is that we have special habits of observing a certain class of object. To insist that a habit be analyzed into situation and response, puts the learner's attention always at the point toward which it should be directed. "How would you teach a pupil," I was once asked by a superintendent of nurses, "to break the habit of spilling water as she carries her pitcher through the ward?" My answer was at once, "Analyze the habit to be formed into terms of situation and response; what is the situation in this case which, whenever it arises, must be met always in one certain way? Put the learner's attention upon the spot at which she is to act and upon the positive act which she is then to perform. Is her fault due to the amount of water in the pitcher? If so the habit to be formed is that in presence of the situation 'pitcher to be filled,' she must respond by turning off the tap when the pitcher is just so full. If her fault is that she walks too fast through the ward, then she must form the habit of connecting the situation 'pitcher in hand' with the response 'walk slowly and carefully.'" Instead of this positive emphasis at the point where attack should be made, too often she is simply told that she should not have been so careless, thus failing to direct attention to the exact point where it is needed, and giving the command a negative rather than a positive turn. It sometimes takes my pupils some time to be able to analyze their habits properly, as one who wants to be on time to breakfast, but fails at first to see that attention must then be put, not upon breakfast, but upon the proper response to the hearing of the rising bell.

Of course we study James' maxims, which everyone should know when she deliberately sets about forming a habit:

1. "Start with a strong initiative or impetus"—a great desire to form this habit. Tell your friends about it. Plan, perhaps, to keep a record of your progress. Perhaps this first maxim indicates more than anything else why psychology for nurses is worth while, for the very emphasis of our study upon the value, strength and importance of habit will lead to an impetus in forming habits which otherwise would hardly exist.

2. "Never allow an exception to occur till the new habit is firmly rooted in your life." Above all things be true to your resolve of never giving in.

3. "Exercise your habit." Seek opportunities. Make them, if necessary, rather than waiting for them to come, for without exercise no habit is ever formed.

In my course in psychology, long before we discuss habit at all, my students know the governing part which our nervous systems play in the control of our behavior. They know about the connections of neurones which produce reflex action and instinctive actions, and now it is easy for them to learn that habits, too, are due to neurone connections. We have habits because we have bodies, because a part of our physical organism acts that way. Neurones which have acted together tend again to act together—situations which have brought certain responses in the past (especially if these were satisfying ones) are thereby more likely to do so in the future.

So far, what we have said applies particularly to the motor of physical habits. The emotional or thought habits must not be overlooked. Sometimes a nurse chooses to form such a habit. "To be cheerful to my patients," one nurse chose, and she chose a worthy end to strive for. In forming such an emotional habit, it is necessary to consider a few specific points. The three maxims still apply, but besides these, one must consider somewhat other knowledge, as to the control of the emotions. The psychologists have not yet quite decided among themselves whether emotion precedes or follows the bodily expression with which it is accompanied. James' classic claim, that when we see a bear, we are afraid, because we run, is not altogether believed by them all. Upon this point, however, all psychologists do agree (and for that matter physiologists have even more to say about it) that is, that the expression of an emotion, be it anger or fear or love or what not, is accompanied by many bodily reflex disturbances which, in their turn, react upon and intensify the emotional state. In Cannon's recent experiments upon cats, it was found that in states of anger, pain, excitement and fear, comparatively large quantities of adrenalin are secreted into the blood supply, causing thereby such changes as liberation from the kidneys of an increased supply of

glycogen to the blood, a strengthened heart beat, dilated bronchials, coagulation increased, digestion almost stopped, thyroid secretion stimulated, and thus, due to the latter fact, an increased nervous irritability produced, etc., and so on. These and other experiments clearly show that our emotions are not purely dissociated affairs, but that to a tremendous degree they are accompaniments of, and in a certain sense dependent upon, our bodily state. The nurse needs to know this fact, for if she wishes to form or break an emotional habit, she must put much of her energy upon the control of the bodily movements which accompany that emotion. If she would be happy, she must look happy; if she would abolish fear, she must act in a fearless manner.

Nurses should know about the great dependence of mind, and especially emotional tone, upon the body, in order that they may better understand their patients. Even after bodily recovery, a patient may retain an unfortunate irritable or worrying attitude, which was initiated in the first place, perhaps, by the physical accompaniments of his disease. Habit may have caused the emotion to persist even after the subsidence of its original cause. Nurses can help here. They can help just as they can and should in case of all of a patient's habits, be they wise or foolish ones, by a sympathetic understanding of the cause of certain actions. They can help, too, in case of such circulatory emotional habits as worry and despondency, by introducing some new device for interest to center upon. The teachers of occupation therapy have an important part to play here, and it is fortunate that so many of such teachers are being trained for the emergency of caring for our shell-shock patients. These soldiers, formerly normal, are in the dangerous period when their new and often very despondent emotions, caused in the first place by a physiological or nervous strain, may become emotional habits. There is no time to lose in breaking up the disastrous tendency toward worrying, self-pity and melancholy brooding, which are daily gaining strength in these patients. If, by diverting their minds to some pleasant bedside occupation, such emotional habits are interfered with at the start, a wondrous gain may be accomplished. On a small scale, all nurses who deal with nervous patients, especially with those in the early stages, can introduce some such useful diversion.

If the nervous habit is of long standing, what can the nurse do then? Very, very little indeed, and to return to our first consideration, perhaps no one thing about habit is so important to know as its *strength*. The settled drunkard does not choose his bottle, nor the prostitute her vice, and the patient often does not voluntarily adopt the querulous, complaining tone. They are impelled to these acts, even

though they lead them to their doom, by a force which is greater than they. Habit, when directed toward worthy ends, is man's main prop and sure support, but woe to him whose neurones have gone wrong!

I cannot enter in detail into a discussion of habits of thinking, or dwell, as I should like to do, upon the importance of habit in the moral life. When considering this latter point, I always ask my students to read James,² and I can do no more, myself, than urge upon them what he says:

Could the young but realize how soon they will become mere walking bundles of habits, they would give more heed to their conduct while in the plastic state. We are spinning our own fates, good and evil, and never to be undone. Every smallest stroke of virtue or of vice leaves its never-so-little scar. The drunken Rip Van Winkle in Jefferson's play excuses himself for every fresh dereliction by saying, "I won't count this time." Well, he may not count it, and a kind heaven may not count it, but it is being counted none the less. Down among his nerve cells and fibers the molecules are counting it, registering and storing it up to be used against him when the next temptation comes. Nothing we ever do is, in strict scientific literalness, wiped out.

²James, Wm.: Talks to Teachers on Psychology, Chapter on the Laws of Habit.

THE VALUE OF A THREE MONTHS' COURSE IN TUBERCULOSIS

BY MYRTLE MEAD

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Tuberculosis nursing is generally considered a special branch of nursing by itself. In fact, it has been asserted that a nurse who takes up this branch of work does not need a general training, that the principal part of the work consists in instructing patients in regard to the treatment and prophylaxis, and that a thorough knowledge of the care of general diseases is unnecessary,—but such is not the case.

Tuberculosis, as a single disease or condition, is not hard to treat; it is when complications of other diseases and conditions develop or are the predisposing causes, that the patient suffers more and the nursing is difficult, hence the necessity for a nurse to be trained in general nursing. The so-called "tuberculosis attendant" has not sufficient knowledge to meet all the demands made upon a nurse caring for these patients, neither has a nurse trained in a general hospital the necessary knowledge to meet all the demands made upon her when caring for a far-advanced, complicated case of tuberculosis. When it is understood that tuberculosis is not only a disease, but also a system condition, with a hundred types, peculiarities, and complications,